


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90027 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736904

1. Corporation Name

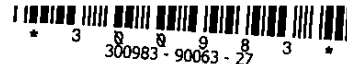
THE CHURCH ON THE BAYOU PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business

409 WHITCOMB BLVD.
 TARPON SPRINGS FL 34689-2605

Mailing Address

409 WHITCOMB BLVD.
 TARPON SPRINGS FL 34689-2605



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1649665	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEARINGEN, BERT C.
1105 GULF OAKS DRIVE,
TARPON SPRINGS FL 34689

THE CHURCH ON THE BAYOU
Presbyterian Church (U.S.A.)
409 Whitcomb Boulevard
Tarpon Springs, FL 34689

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLE, NELL	1.2 NAME	
STREET ADDRESS	1501 PINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	RX PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTLAKE, JACK	2.2 NAME	
STREET ADDRESS	2419 SAN LUIS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOODGOOD, WILLIAM	3.2 NAME	
STREET ADDRESS	779 BRITTANY PARK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	RX D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARINGEN, BERT	4.2 NAME	
STREET ADDRESS	1105 GULF OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, DOROTHY	5.2 NAME	
STREET ADDRESS	649 PALM AV.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONALD	6.2 NAME	
STREET ADDRESS	201 BAY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Westlake 3-22-99 727-938-8032

CR2E037 (1/198)